

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN1959AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2009
NAME OF PROVIDER OR SUPPLIER MASON VALLEY RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP CODE 705 S STREET YERINGTON, NV 89447		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any apy under applicable federal, stateor local laws. This statement was generated as a result of an annual State Licensure survey conducted in your facility on 4/9/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licednsed for 57 Reisdential Facility for Group beds, 45 for elderly and disabled persons and 12 for persons with Alzheimers disease, Category II residents. The census at the time of this survey was 52. Fifteen resident files were reviewed and ten employee files were reviewed. Two discharged resident files were reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 4/9/09, the facility failed to have documentation of compliance with	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 NRS 449.176 to 449.185 for 1 of 10 employees (Employee #5). Severity: 2 Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, record review and interview on 4/9/09, the facility failed to ensure its kitchen complied with State standards for the storage, preparation and distribution of food. Findings include: -The 3-door freezer and Kitchenaid refrigerator were not on a smooth, non-porous surface. -The floor under the freezers and refrigerators was not clean and maintained. -Two significantly dented cans were not identified and removed from service. -Refrigerator in dining area does not meet the NSF standards.	Y 255		

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Y 255	Continued From page 2 -Staff were observed preparing food not in accordance with NAC 466.125 which requires minimizing manual contact. -Refrigerators in Alzheimers unit does not meet NSF standards. Equipment provided for staff use was not labeled as such. -All cooks did not have documentation of Servsafe training as required. Severity: 2 Scope: 3	Y 255		
Y 273 SS=C	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to accommodate residents with special diets in the planned menus for 10 of 10 residents on special diets ordered by their physician (Resident #9 and #12 and 8 residents not in the sample). Severity: 1 Scope: 3	Y 273		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175	Y 274		

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Y 274	Continued From page 3 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to date menus and track substitutions for the past 90 days . Severity: 1 Scope: 3	Y 274		
Y 278 SS=C	449.2175(9)(a)(b) Dietary Consultant - More Than 10 Residents NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission on Dietetic Registration. (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food.	Y 278		

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Y 278	Continued From page 4 This Regulation is not met as evidenced by: Based on record review and interviews on 4/9/09, the facility failed to have evidence of the services of a person to serve as a dietary consultant for the planning and serving of meals. Severity: 2 Scope: 3	Y 278		
Y 280 SS=F	449.2175(10)(a)-(d) Dietary Consultant & Services NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus. (b) Training for the employees who work in the kitchen. (c) Advice regarding compliance with the nutritional program of the facility. (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	Y 280		

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Y 280	Continued From page 5 This Regulation is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to provide evidence of quarterly consultations with a registered dietitian for 4 of the past 4 quarters. of the calendar year. Severity: 2 Scope: 3	Y 280		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on observation, record review and interview on 4/9/09, the facility failed to ensure that medications (stool softener), were administered as ordered for 1 of 16 residents (Resident #5). Severity: 2 Scope: 1	Y 878		

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